Stage 3 Medicaid
Promoting Interoperability Program

Focus Objectives

Objective 2 – ePrescribing

Objective 4 – Computerized Order Entry

Illinois Health Information Technology Regional Extension Center (ILHITREC)

› SUPPORT PROVIDED BY ILHITREC:

- The Illinois Health Information Technology Regional Extension Center (ILHITREC), under contract with the Illinois Department of Health and Family Services (HFS), is providing education, outreach, and EHR support to Medicaid providers for the Promoting Interoperability Program. Contact us at info@ILHITREC.org
- ILHITREC partners with the Illinois Critical Access Hospital Network (ICAHN) and Central Illinois Health Information Exchange (CIHIE) for support in this mission and collaborates with the Chicago Health Information Technology Regional Extension Center based at Northwestern University which serves the City of Chicago.

ilhitrec ILLINOIS HEALTH INFORMATION TECHNOLOGY REGIONAL EXTENSION CENTER
NIU Northern Illinois University
CHITREC
HFS ILLINOIS DEPARTMENT OF Healthcare and Family Services
ICAHN Illinois Critical Access Hospital Network

Speaker Biography

› Brenda Simms, RN, BSN, CHTS-CP, CMAP

Brenda Simms is a Clinical Informatics Specialist at ILHITREC. She works with physicians, practice managers, clinical staff, billing representatives, physicians and EHR vendors to successfully plan, coordinate and implement an electronic health record (EHR) system, as well as assist practices with workflow redesign and development of required quality reporting. Brenda also worked for a time with the Central Illinois Health Information Exchange (CIHIE) to facilitate the implementation and effective adoption of HIE. Brenda has added the role of Quality Improvement Analyst (QIA) with the Great Lakes Transformation Practice Network (GLTPN) working with practices in Illinois to transform clinical practices to prepare and move to Value Based Payment models and MACRA. Brenda is member of HIMSS, AHIMA and IRHA.

DISCLAIMER

- The target audience of this presentation is Eligible Providers, but some references may be made related to Eligible Hospitals.
- This webinar is based on official guidance provided by the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC), experiences from ILHITREC, and other Regional Extension Centers at the time of this presentation.
- This presentation was prepared as a tool to assist providers enrolled in the Medicaid Promoting Interoperability program administered by CMS. The ultimate responsibility for compliance, submission and response to any remittance from CMS rests with the provider. Medicare policy changes frequently. It is highly recommended that providers and their designee review rules and regulations frequently.
- The focus of this presentation is Stage 3 2018 and 2019 Reporting Requirements. The content applies to the Medicaid Promoting Interoperability program through CMS and the ONC.

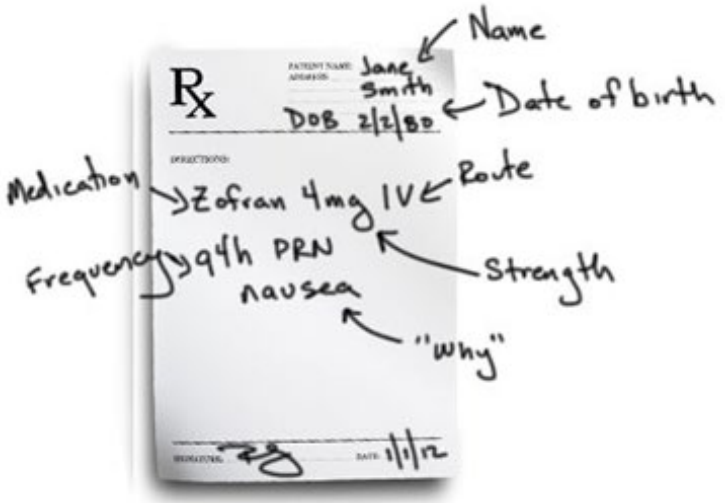
Learning Objectives

- Discuss Objective Measures:
  - Objective 2 – ePrescribing
  - Objective 4 – Computerized Physician Order Entry (CPOE)
- Review:
  - Definitions of Terms
  - Attestation Requirements
  - Numerators and Denominators
  - Discuss Exclusions
  - Pertinent Additional Information

Concept

- The concept of meaningful use, renamed Promoting Interoperability, rested on the '5 pillars' of health outcomes policy priorities, namely:
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and families in their health
  - Improve care coordination
  - Improve population and public health
  - Ensure adequate privacy and security protection for personal health information

Pillar 1
Improving Quality, Safety, Efficiency and Reducing Disparities



Moving from Paper

To Electronic Records

Electronic Prescribing (eRx)

Objective 2

Electronic Prescribing (eRx)

- **Objective:**
  - Generate and transmit permissible prescription electronically
- **Measure:**
  - More than 60 percent of all permissible prescriptions written by the eligible professional (EP) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).
- **Exclusions:**

  An EP may take an exclusion if any of the following apply:
  - Writes fewer than 100 permissible prescriptions during the Promoting Interoperability (PI) reporting period; or
  - Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

Change from Attestation Year 2018 Threshold increased from >50% to >60% in 2019
EP must be on the 2015 CEHRT Standards to be eligible

Definition of Terms

- **Prescription**: The authorization by an EP to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.
  - Over the counter (OTC) are not included in the definition
  - Durable Medical Equipment (DME) are not included in the definition
- **Permissible Prescriptions**: "Permissible prescriptions" may include or not include controlled substances based on EP selection where creation of an electronic prescription for the medication is feasible using CEHRT and allowable by state and local law.

✓ Illinois Allows electronic submission of controlled substances

✓ If you choose to include for some, you must consistently include for all

CPOE Dashboard Example

NEXTGEN HEALTHCARE

Program: **MU Objectives 2018 Modified Stage 2**, Reporting Period: **7/30/2018-10/27/2018**, Evaluation Date: **12/25/2018**			# Patients			Performance	Goal
Alias Name	**Measure**	**Value**	**DEN**	**NUM**	**TO**	**(%)**	**(%)**
CPOE Labs	CPOE Labs	Total	343	310	33	90.38	30.01
CPOE Medications	CPOE Medications	Total	823	755	68	91.74	60.01
Electronic Prescribing Exclude Narcotic	Electronic Prescribing Exclude Narcotic	Total	681	665	16	97.65	50.01
Electronic Prescribing Include Narcotic	Electronic Prescribing Include Narcotic	Total	832	747	85	89.78	50.01
Health Information Exchange	Health Information Exchange	Total	36	10	26	27.78	10.01
Medication Reconciliation	Medication Reconciliation	Total	344	330	14	95.93	50.01
Patient Education	Patient Education	Total	458	446	12	97.38	10.01
PEA Part 1 Timely Access	PEA Part 1 Timely Access	Total	458	241	217	52.62	50.01
Patient Electronic Access - VDT	Patient Electronic Access - VDT	Total	458	175	283	38.21	5.01
Secure Electronic Messaging	Secure Electronic Messaging	Total	458	177	281	38.65	5.01

Definition of Terms

- **Denominator:**
  - Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period;
  - **or** number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.
  - Patients requesting "paper prescriptions *"are not "* excluded from the Denominator
- **Numerator:**
  - The number of prescriptions in the denominator that are generated, queried for a drug formulary, and transmitted electronically using CEHRT.
- **Threshold:**
  - The resulting percentage must be more than 60 percent in order for an EP to meet this measure.

Additional Information

- An EP should include electronic transmissions to providers both within and outside his or her organization in the numerator and denominator for the measure of this objective.

- EPs must use CEHRT as the sole means of creating the prescription. An EP must use standards adopted for certified EHR technology when transmitting to an external pharmacy independent of his or her organization.

- The generation and transmission of prescriptions occurs concurrently if the prescriber and dispenser are the same person or are accessing the same record in an integrated EHR to create an order in a system that is electronically transmitted to an internal pharmacy. 45 C.F.R. § 170.315(b)(3)

Additional Information

- EPs can use intermediary networks that convert information from the certified EHR into a computer-based fax in order to meet this measure as long as the EP generates an electronic prescription and transmits it electronically using the standards of CEHRT to the intermediary network,
- This results in the prescription being filled without the need for the EP to communicate the prescription in an alternative manner

Additional Information

- EPs may simply use the formulary query function available to them in their CEHRT with no further action required. If a query using their CEHRT is not possible or shows no result, an EP is not required to conduct any further manual or paper-based action in order to complete the query, and he or she may count the prescription in the numerator.
- EPs practicing at multiple locations are eligible for the exclusion if any of their practice locations that are equipped with CEHRT meet the exclusion criteria.
- EPs who are part of an organization that owns or operates its own pharmacy within the 10- mile radius are not eligible for the exclusion regardless of whether that pharmacy can accept electronic prescriptions from EPs outside of the organization.

Computerized Physician Order Enter (CPOE)

Objective 4

Objective 4 – Computerized Physician Order Entry (CPOE)

- **Objective:**
  - Use CPOE for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional

- **Measures:**

  An EP must satisfy all three measures for this objective, during the reporting period, through a combination of meeting the thresholds or exclusions:

  - Measure 1: >60 percent of all medication orders
  - Measure 2: >60 percent of all laboratory orders
  - Measure 3: >60 percent of all radiology orders

Change from Attestation Year 2018 Threshold increased from >50% to >60% in 2019
EP must be on the 2015 CEHRT Standards to be eligible
Remember under Objective 3 CDD the Drug to Drug and Drug to Allergy Function must be enabled during the entire reporting period.

Objective 4 – Computerized Physician Order Entry (CPOE)

- **Definition of Terms:**
  - **CPOE**: A provider's use of computer assistance to directly enter medical orders (for example, medications, consultations with other providers, laboratory services, imaging studies, and other auxiliary services) from a computer or mobile device.
  - **Diagnostic Imaging**: Includes other imaging tests such as ultrasound, magnetic resonance, and computed tomography in addition to traditional radiology.
  - **Laboratory Order:** An order for any service provided by a laboratory that could not be provided by a non-laboratory.

CPOE Attestation Requirements

- **Measure 1:**

DENOMINATOR:

Number of medication orders created by the EP during the EHR reporting period.

NUMERATOR:

The number of orders in the denominator recorded using CPOE.

THRESHOLD:

The resulting percentage must be more than 60 percent in order for an EP to meet this measure.

EXCLUSION:

Any EP who writes fewer than 100 medication orders during the EHR reporting period.

CPOE Attestation Requirements

- **Measure 2:**

DENOMINATOR:

Number of laboratory orders created by the EP during the EHR reporting period.

NUMERATOR:

The number of orders in the denominator recorded using CPOE.

THRESHOLD:

The resulting percentage must be more than 60 percent in order for an EP to meet this measure.

EXCLUSION:

Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

CPOE Attestation Requirements

- **Measure 3:**

DENOMINATOR:

Number of diagnostic imaging orders created by the EP during the EHR reporting period.

NUMERATOR:

The number of orders in the denominator recorded using CPOE.

THRESHOLD:

The resulting percentage must be more than 60 percent in order for an EP to meet this measure.

EXCLUSION:

Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.

CPOE Additional Information

- EPs must use 2015 Edition CEHRT to meet Stage 3 meaningful use.
- EPs are permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology (CEHRT).
- To count in the numerator, the CPOE function must be used to create the first record of the order that becomes part of the patient's medical record and before any action can be taken on the order.
- An EP must satisfy all three measures for this objective through a combination of meeting the thresholds and exclusions.

CPOE Additional Information

- Orders involving telehealth or remote communication (such as phone orders) may be included in the numerator as long as the order entry otherwise meets the requirements of the measures.
- EPs may exclude orders that are predetermined for a given set known as “protocol” or “standing orders” from the calculation of CPOE numerators and denominators.

CPOE Additional Information

- The number one question we get about this category:
- Who can order medication in CEHRT?
  - Any licensed health care professional and clinical staff credentialed to and with the duties equivalent of a medical assistant, or is appropriately credentialed
  - If they can originate the order per state, local, and professional guidelines
  - CPOE is the entry of the order into the patient's EHR that uses a specific function of CEHRT. CPOE does not otherwise specify how the order is filled or otherwise carried out.
  - The EP is to determine the proper credentialing, training, and duties of the medical staff.
  - Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant.
  - The Illinois Department of Financial and Professional Regulation (IDFPR) determines regulated professionals in the State: https://www.idfpr.com

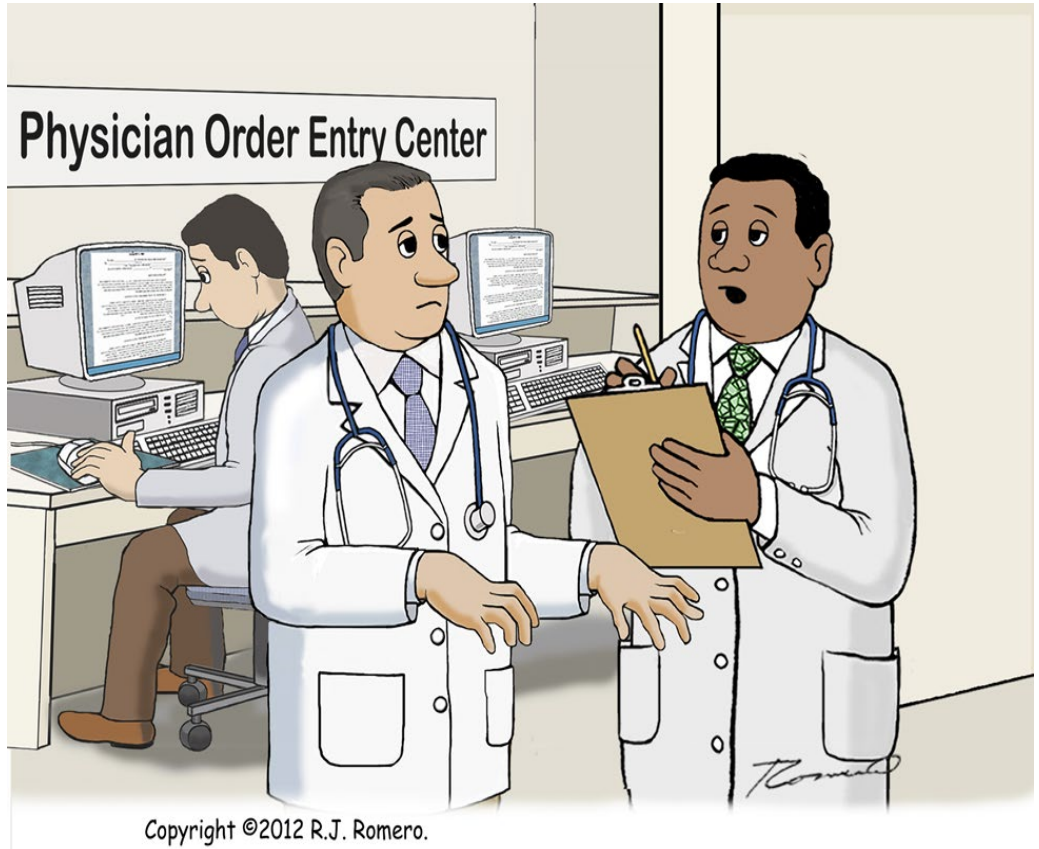
References

- Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub:
  - https://www.healthit.gov/topic/certification/2015-standards-hub
- **Regulatory References**
  - This objective may be found at 42 C.F.R. § 495.24 (d)(2)(i)(A) and (B). For further discussion please see 80 FR 62834.
- **Certification Criteria**

  Information about certification for 2015 Edition CEHRT can be found at:

  -§170.315(b)(3) Electronic prescribing
  - §170.315(a)(10) Drug-formulary and preferred drug list checks
  - § 170.315(a)(1) Computerized Provider Order Entry—Medications
  - § 170.315(a)(2) Computerized Provider Order Entry—Laboratory
  - § 170.315(a)(3) Computerized Provider Order Entry—Diagnostic Imaging
- **CMS Promoting Interoperability Program Stage 3 Specification Sheets:**
  - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage3_2018_Obj2.pdf
  - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage3_2018_Obj4.pdf

Questions?



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